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Bib Data Sheet

CONFIRMATION NO. 4349

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/991,119	11/13/2001	530 424/93.1	1647	S225-M
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<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A DIV OF 08/452,229 05/26/1995 WHICH IS A DIV OF 08/182,183 05/23/1994 WHICH IS A 371 OF PCT/US92/07888 09/17/1992 WHICH IS A CIP OF 07/855,413 03/19/1992 ABN WHICH IS A CIP OF 07/788,423 11/06/1991 ABN WHICH IS A CIP OF 07/774,109 10/08/1991 ABN WHICH IS A CIP OF 07/764,685 09/20/1991 ABN <i>6,362,319 B1</i> <i>RKL</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>RKL</i> <i>none</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/01/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		STATE OR COUNTRY CO	SHEETS DRAWING 30	TOTAL CLAIMS 9
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		INDEPENDENT CLAIMS 3		
Verified and Acknowledged Examiner's Signature <i>RKL</i> Initials				
<b>ADDRESS</b> U. S. Patent Operations/ RKL Dept. 4300, M/S 27-4-A AMGEN, INC. One Amgen Center Drive Thousand Oaks, CA 91320-1799				
<b>TITLE</b> Glial cell line-derived neurotrophic factor				
FILING FEE RECEIVED 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )	